

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Cyril CASSETT Confirmation No.: 4022  
Application No. : 10/678,373  
Filed : October 3, 2003  
For : DETERMINATION OF AN AVERAGE HEMODYNAMIC  
INDEX FOR AN ACTIVE IMPLANTABLE MEDICAL DEVICE  
SUCH AS CARDIAC PACEMAKER, DEFIBRILLATOR,  
CARDIOVERTOR AND/OR MULTISITE DEVICE  
Group Art Unit : 3766  
Examiner : Eric D. BERTRAM  
Customer No. : 34313  
Attorney Docket : 8707-2167

New York, New York  
September 29, 2008

Via USPTO Electronic Filing  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL**

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated May 28, 2008.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

| EXTENSION<br>(months)                         | FEE FOR SMALL<br>ENTITY | FEE FOR OTHER THAN<br>SMALL ENTITY |
|-----------------------------------------------|-------------------------|------------------------------------|
| <input checked="" type="checkbox"/> one month | \$60.00                 | \$120.00                           |
| <input type="checkbox"/> two months           | \$230.00                | \$460.00                           |
| <input type="checkbox"/> three months         | \$525.00                | \$1,050.00                         |
| <input type="checkbox"/> four months          | \$820.00                | \$1,640.00                         |
| <input type="checkbox"/> five months          | \$1,115.00              | \$2,230.00                         |
| <b>Fee</b>                                    |                         | <b>\$120.00</b>                    |

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☒ If an additional extension of time is required, please consider this a petition therefor.

Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 120.00

- A. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.  
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
- B. ☐ Payment Enclosed  
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

|                                                                                                    |                          |                 |                          |   |                 |
|----------------------------------------------------------------------------------------------------|--------------------------|-----------------|--------------------------|---|-----------------|
| Total Claims                                                                                       | -                        | 20              | =                        | x | \$50.00         |
| Independent Claims                                                                                 | -                        | 3               | =                        | x | \$210.00        |
| Application Size Fee<br>( <small>\$250 for each additional 50 sheets or fraction thereof</small> ) | -                        | 100             | =                        | x | 260.00          |
| Multiple Dependent Claims                                                                          | \$370                    | (if applicable) | <input type="checkbox"/> |   | \$0.00          |
| Surcharge 37 CFR § 1.16(e)                                                                         | \$130                    | (if applicable) | <input type="checkbox"/> |   | \$0.00          |
| <b>TOTAL OF ABOVE CALCULATIONS</b>                                                                 |                          |                 |                          |   |                 |
| Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.                         | <input type="checkbox"/> |                 |                          |   | \$0.00          |
| Extension of Time (from above)                                                                     |                          |                 |                          |   | \$120.00        |
| Assignment -- \$40 (if applicable)                                                                 | <input type="checkbox"/> |                 |                          |   | \$0.00          |
| <b>TOTAL FEES SUBMITTED HERewith</b>                                                               |                          |                 |                          |   | <b>\$120.00</b> |

Respectfully submitted,

Dated: September 29, 2008

By: William B. Tabler, III  
William B. Tabler, III  
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